

INSURANCE PREMIUMS
BENEFIT PLAN YEAR 07/01/2021 – 06/30/2022
(premium amounts per payroll)



MEDICAL PLANS

MONTHLY PAYROLL

CDHP	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$ 65.00	-\$50.00	-\$15.00	\$ 0.00
Employee + Spouse	\$415.00	-\$50.00	-\$15.00	\$350.00
Employee + Children	\$340.00	-\$50.00	-\$15.00	\$275.00
Employee + Family	\$590.00	-\$50.00	-\$15.00	\$525.00

PPO	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$150.00	-\$50.00	-\$15.00	\$ 85.00
Employee + Spouse	\$520.00	-\$50.00	-\$15.00	\$455.00
Employee + Children	\$435.00	-\$50.00	-\$15.00	\$370.00
Employee + Family	\$705.00	-\$50.00	-\$15.00	\$640.00

BI-WEEKLY PAYROLL

CDHP	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$32.50	-\$25.00	-\$7.50	\$0.00
Employee + Spouse	\$207.50	-\$25.00	-\$7.50	\$175.00
Employee + Children	\$170.00	-\$25.00	-\$7.50	\$137.50
Employee + Family	\$295.00	-\$25.00	-\$7.50	\$262.50

PPO	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$75.00	-\$25.00	-\$7.50	\$42.50
Employee + Spouse	\$260.00	-\$25.00	-\$7.50	\$227.50
Employee + Children	\$217.50	-\$25.00	-\$7.50	\$185.00
Employee + Family	\$352.50	-\$25.00	-\$7.50	\$320.00

9 MONTH PAYROLL

CDHP	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$39.00	-\$30.00	-\$9.00	\$0.00
Employee + Spouse	\$249.00	-\$30.00	-\$9.00	\$210.00
Employee + Children	\$204.00	-\$30.00	-\$9.00	\$165.00
Employee + Family	\$354.00	-\$30.00	-\$9.00	\$315.00

PPO	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$90.00	-\$30.00	-\$9.00	\$51.00
Employee + Spouse	\$312.00	-\$30.00	-\$9.00	\$273.00
Employee + Children	\$261.00	-\$30.00	-\$9.00	\$222.00
Employee + Family	\$423.00	-\$30.00	-\$9.00	\$384.00

Amarillo ISD contributes \$536.85 per month towards "Employee Only" medical coverage.

10 MONTH PAYROLL

CDHP	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$78.00	-\$60.00	-\$18.00	\$0.00
Employee + Spouse	\$498.00	-\$60.00	-\$18.00	\$420.00
Employee + Children	\$408.00	-\$60.00	-\$18.00	\$330.00
Employee + Family	\$708.00	-\$60.00	-\$18.00	\$630.00

PPO	PREMIUM	Non-Tobacco User Incentive Credit	Biometric Screening Participant Incentive Credit	Premium After Credits
Employee Only	\$180.00	-\$60.00	-\$18.00	\$102.00
Employee + Spouse	\$624.00	-\$60.00	-\$18.00	\$546.00
Employee + Children	\$522.00	-\$60.00	-\$18.00	\$444.00
Employee + Family	\$846.00	-\$60.00	-\$18.00	\$768.00

Hospital Indemnity Plan

BENEFITS OPT-OUT	Monthly	Bi-Weekly	9-Month
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00

DELTA DENTAL (New 7/1/2020)

	Monthly	Bi-Weekly	9-Month
Employee Only	\$ 20.00	\$ 10.00	\$ 12.00
Employee + Spouse	\$ 40.00	\$ 20.00	\$ 24.00
Employee + Children	\$ 46.00	\$ 23.00	\$ 27.60
Employee + Family	\$ 62.00	\$ 31.00	\$ 37.20

AI SD DENTAL REIMBURSEMENT (Enrollment Grandfathered 6/30/2020)

	Monthly	Bi-Weekly	9-Month
Employee Only	\$ 20.00	\$ 10.00	\$ 12.00
Employee + Dependent	\$ 40.00	\$ 20.00	\$ 24.00
Employee + 2 or More Dependents	\$ 62.00	\$ 31.00	\$ 37.20

VSP VISION PLAN

<u>Option I</u>	Monthly	Bi-Weekly	9-Month
Employee Only	\$ 10.42	\$ 5.21	\$ 6.25
Employee + Spouse	\$ 20.87	\$ 10.44	\$ 12.52
Employee + Children	\$ 22.32	\$ 11.16	\$ 13.39
Employee + Family	\$ 35.70	\$ 17.85	\$ 21.42

<u>Option II</u>	Monthly	Bi-Weekly	9-Month
Employee Only	\$ 14.29	\$ 7.15	\$ 8.57
Employee + Spouse	\$ 28.61	\$ 14.31	\$ 17.17
Employee + Children	\$ 30.62	\$ 15.31	\$ 18.37
Employee + Family	\$ 48.92	\$ 24.46	\$ 29.35